



City of Upland  
Development Services Department – Housing Division  
**EMERGENCY REPAIR PROGRAM (ERP)**

**GENERAL CONDITIONS**

The Emergency Repair Program (ERP) requires the completion of the ERP Application in order to participate in the Program. To be eligible for this program the address listed in the application must be the applicant's primary residence. Moreover, the "household" must not exceed 50% of the county median income for family size ("household" refers to all individuals living at the residence regardless of relationship). The income earned by all persons living at the residence over the age of eighteen (18) years old, will be counted when determining gross annual household income. The following is a list of the supporting documentation you will be required to submit in order to determine your eligibility into the ERP program. Please note this list is not exhaustive and the City reserves the right to request additional documentation from the applicant(s), on a case-by-case basis, as needed, to determine eligibility. The City, further, reserves the right to terminate applications that do not conform to these and/or other program requirements.

Accompanying your completed ERP application, submit clear photocopies of the following documents:

1. GRANT DEED OR DEED OF TRUST (for Conventional Single-Family Dwelling only)
2. DEPARTMENT OF MOTOR VEHICLES (DMV) REGISTRATION CERTIFICATE OR HOUSING AND COMMUNITY DEVELOPMENT (HCD) REGISTRATION CARD (for Mobile/Manufactured home only)
3. PHOTO IDENTIFICATION (a driver's license, passport, CA Identification, or Resident Alien Card for **all** household listed )
4. PROOF OF FAMILY COMPOSITION (copy of the birth certificate or social security card for **each and every household member**)
5. MOST CURRENT UTILITY BILL (copy gas, electric, or phone bill)
6. COPY OF PROPERTY TAX BILL (property taxes must be current, if you have outstanding taxes, submit a Certificate of Redemption from the County Tax Assessor's Office)
7. LAST TWO YEARS SIGNED AND FILED FEDERAL INCOME TAX RETURNS (all pages of your 1040A, 1040EZ or 1040)
8. THREE (3) MONTHS MOST CURRENT BANK STATEMENTS (**all** pages for all accounts held by household members)
9. VERIFICATION OF INCOME FOR **ALL** HOUSEHOLD MEMBERS OVER THE AGE OF 18 YRS. OLD:
  - Three (3) months consecutive paycheck stubs, 401K, social security checks, SSI checks, AFDC checks, IRA withdrawal checks, pension checks, retirement check, disability checks, unemployment checks, etc., or other earned income documentation.

**Consent and Declaration:**

I (we) have applied for the Emergency Repair Program (the "Program") offered by the City of Upland (the City). In applying for assistance, I (we) completed an ERP Application containing various personal information for the purpose of obtaining assistance. I (we) certify under the penalty of perjury that all of the information is true, correct and complete and that I (we) made no misrepresentations in the application or other documents, nor did I (we) omit any pertinent information. I (we) understand and agree that the City, reserves the right to change the review process to full documentation on a case-by-case basis. This may include verifying the information provided on the application with the employer and/or other listed sources of information. I (we) further acknowledge and understand that by receiving assistance through this program, I (we) consent to abide by all past, present and future State or Federal regulations governing the use of Local, State and/or Federal funds.

**Right of Entry:**

I (we), as undersigned, hereby consent to allow authorized representatives of the City to enter my (our) residence for the purpose of evaluating the housing repair emergency need described herein. This evaluation will be performed jointly by the undersigned and a representative(s) of the City.

**Acknowledgement(s):**

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant Signature

\_\_\_\_\_  
Date

# EMERGENCY REPAIR PROGRAM APPLICATION

## PLEASE PRINT CLEARLY

<b><i>Property Owners</i></b> <i>(on Title)</i>				
	Last Name	First Name	M.I.	Soc. Sec. No.
	Last Name	First Name	M.I.	Soc. Sec. No. (   )   -
Address		Zip Code	Telephone #	

***Please describe the emergency:***

### MONTHLY HOUSEHOLD INCOME INFORMATION

OCCUPANT NAME(S) <small>(Please list "each" occupant, including the applicant(s) that resides in the home AND any source of earned income)</small>	AGE	SOURCE OF INCOME <small>(Types of income: Employment, Self Employment, SSI, SSD, AFDC, Disability, Annuities, Retirement, Rental, etc.)</small>	MONTHLY GROSS INCOME <small>(before tax deductions)</small>
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
<b>TOTAL HOUSEHOLD GROSS MONTHLY INCOME:</b>			<b>\$</b>

**Housing Type (check one):**   ☐ Single-Family       ☐ Condominium       ☐ Manufactured/Mobile Home

**Acknowledgement(s):**

I (we) consent to the City verifying information contained in the application and declare that the information provided herein to be true and correct to the best of my (our) knowledge and that I (we) understand that the emergency repairs will be administered in accordance with the Emergency Repair Program Policies. PENALTY FOR FALSE OR FRAUDULENT STATEMENT U.S.C. TITLE 18, SECTION 1001, PROVIDES: "WHOEVER, IN ANY MATTER WITHIN THE JURISDICTION OF ANY DEPARTMENT OR AGENCY OF THE UNITED STATES KNOWINGLY AND WILLFULLY FALSIFIES...OR MAKE ANY FALSE, FICTITIOUS OR FRAUDULENT STATEMENT OR ENTRY, SHALL BE FINED UP TO \$10,000, OR IMPRISONED UP TO 5 YEARS OR BOTH."

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant Signature

\_\_\_\_\_  
Date



# EMERGENCY REPAIR PROGRAM APPLICATION

## STATISTICAL INFORMATION

The following information will be kept confidential and used only to provide aggregate data for State/Federal reporting purposes. The information provided will be separated from your application and maintained separately. Completion of this form is optional and will not be used to evaluate your application for participation in this program.

- |  |   |
|--|---|
| <input type="checkbox"/> White                                     | <input type="checkbox"/> American Indian or Native Alaskan and White              |
| <input type="checkbox"/> Black/African American                    | <input type="checkbox"/> Asian AND White  |
| <input type="checkbox"/> Asian                                     | <input type="checkbox"/> Black/African American AND White                         |
| <input type="checkbox"/> American Indian or Alaska Native          | <input type="checkbox"/> American Indian/Alaska Native AND Black/African American |
| <input type="checkbox"/> Native Hawaiian or other Pacific Islander | <input type="checkbox"/> Other  |

**HISPANIC/LATINO ETHNICITY?** ☐ Yes ☐ No

- ☐ Yes, Mexican/Chicano
- ☐ Yes, Puerto Rican
- ☐ Yes, Cuban
- ☐ Yes, Other Hispanic/Latino

**HEAD OF HOUSEHOLD** ☐ Male ☐ Female

### FOR OFFICE USE ONLY:

INCOME GUIDELINES - 50% FAMILY SIZE: \_\_\_\_\_

MEDIAN AREA INCOME NOT TO EXCEED: \$ \_\_\_\_\_

VVI: ☐ \$ \_\_\_\_\_ VI: ☐ \$ \_\_\_\_\_ EXCEED: ☐ \$ \_\_\_\_\_

ELIGIBLE /INELIGIBLE BY: \_\_\_\_\_ DATE: \_\_\_\_\_  
(circle one) (City Representative)



## CITY OF UPLAND

**REQUEST FOR VERIFICATION OF EMPLOYMENT**

**Privacy Act Notice:** This information is to be used by the agency collecting it or its assignees in determining whether you qualify as a prospective mortgagor under its program. It will not be disclosed outside the agency except as required and permitted by law. You do not have to provide this information, but if you do not your application for approval as a prospective mortgagor or borrower may be delayed or rejected. The information requested in this form is authorized by Title 38, USC, Chapter 37(if VA); by 12 USC, Section 1701 et seq. (if HUD/FHA); by 42 USC, Section 1452b (if HUD/CPD); and Title 42 USC, 1471 et seq. Or 7 USC, 1921 et seq. (if USDA/FmHA).

**Instructions:** **Applicant** complete items 7 and 8. **Lender** complete items 1 through 6. Have applicant complete item 8. Forward directly to employer named in item 1. **Employer** Please complete either Part II or Part III as applicable. Complete Part IV and return directly to lender named in item 2.

This form is to be transmitted directly to the lender and is not to be transmitted through the applicant(s) or any other party.

**Part I - Request**

1. To (Name and Address of employer)

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2. From (Name and address of lender)

*Development Serv. Dept. – Hsg. Programs*  
**CITY OF UPLAND**  
 460 North Euclid Avenue  
 Upland, CA 91786

I certify that this verification has been sent directly to the employer and has not passed through the hands of the applicant or any other party.

3. Signature of lender

4. Title

5. Date

6. Lender's No (Optional)

I have applied for a mortgage loan and stated that I am now or was formerly employed by you. My signature below authorizes verification of this information

7. **Name and Address of Applicant (include employee or badge number)**

8. **Signature of Applicant**

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**Part II - Verification of Present Employment**

9. Applicant's Date of Employment

10. Present Position

11. Probability of Continued Employment

12A. Current Gross Base Pay (Enter Amount and Check Period)

☐ Annual ☐ Hourly  
☐ Monthly ☐ Other (Specify)  
 \$ \_\_\_\_\_ ☐ Weekly

13 For Military Personnel Only

Pay Grade \_\_\_\_\_  
 Type Monthly Amt.  
 Base Pay \$ \_\_\_\_\_  
 Rations \$ \_\_\_\_\_  
 Flight or  
 Hazard \$ \_\_\_\_\_  
 Clothing \$ \_\_\_\_\_  
 Quarters \$ \_\_\_\_\_  
 Overseas  
 or Combat \$ \_\_\_\_\_  
 Variable  
 Housing \$ \_\_\_\_\_

14 If Overtime or Bonus is Applicable

Overtime ☐ Yes ☐ No  
 Bonus ☐ Yes ☐ No

15. If paid hourly average .hours / wk.

12B. Three Years Gross Earnings

Type year-to-date Last Year Prior Year

Base Pay \$	_____	\$	_____	\$	_____	Pro Pay	\$	_____
Overtime	\$	_____	\$	_____	\$	_____		
Commissions	\$	_____	\$	_____	\$	_____		
Bonus	\$	_____	\$	_____	\$	_____		
Total	\$	_____	\$	_____	\$	_____		

16. Date of Applicant's next pay increase

17. Projected Amount of pay increase

18. Date of Applicant's pay increase

20. Remarks (if employee was off work for any length of time, please indicate time period and reason).

19. Amount of last pay increase

**Part III - Verification of Previous Employment**

21. Date Hired \_\_\_\_\_

23. Salary / Wage at termination per (year) (month)(week)

22. Date Terminated \_\_\_\_\_

Base \$ \_\_\_\_\_ Overtime \$ \_\_\_\_\_ Commissions \$ \_\_\_\_\_ Bonus \$ \_\_\_\_\_

23. Reason for leaving \_\_\_\_\_

25. Position Held \_\_\_\_\_

**Part IV - Authorized Signature** - Federal statutes provide severe penalties for any fraud, intentional misrepresentation, or criminal connivance or conspiracy purposed to influence the issuance of any guaranty or insurance by the VA Secretary, the U.S.D.A., FmHA/FHA Commissioner, or the HUD/CPD Assistant Secretary.

26. Signature of Employer

27. Title (please print or type)

27. Date

29. Print or type name signed in Item 26

30. Phone number

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*Acknowledgement of Receipt of Lead-Based Paint Pamphlet:*

- ☐ *I have received a copy of the pamphlet, "Renovate Right: Important Lead Hazard Information for Families, Child Care Providers and Schools" informing me of the potential risk of the lead hazard exposure from renovation activity to be performed in my dwelling unit. I received this pamphlet before the work began.*
- ☐ *I did not receive the Lead-Based Paint Pamphlet.*

*I hereby certify that the aforementioned statements are true and correct. If at any time this information is found to be false or incorrect and it is then determined that I do not qualify for the Housing Rehabilitation Program, I understand that I am liable for all costs incurred through the program.*

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant's Signature

\_\_\_\_\_  
Date

